

Doctors resist government's wish to force feed Fortuyn murder suspect

Tony Sheldon *Utrecht*

The Dutch medical profession has rejected the opinion of justice minister Piet Hein Donner that the man suspected of murdering former politician Pim Fortuyn could be force fed to allow the judicial process to proceed.

The Royal Dutch Medical Association has argued that medical ethics has never allowed doctors to force treatment on a competent patient.

The suspect, Volkert van der Graaf, who has been on hunger strike since 12 July, has been judged competent by two independent forensic psychiatrists. He has been taking only fruit juice and sugared tea and coffee, in protest at constant camera surveillance of his cell.

In answer to MPs' questions

Mr Donner has claimed that there are legal grounds for prisoners to be obliged to tolerate medical treatment, including feeding. He says that a decision to treat a prisoner could be taken by an institution's director if a doctor judged treatment was necessary "to avert serious danger to the health and safety of the prisoner or others." Carrying out that decision remained with the doctor.

Mr Donner added that there were more considerations than just the wishes of the person concerned. "I attach great importance to an undisturbed judicial process."

All three political parties from the governing coalition accept the principle of force

feeding, arguing that the right to self determination is not sacred and should be weighed against the overall social unrest caused by the case.

The medical human rights group the Johannes Wier Foundation has called on the Royal Dutch Medical Association to clarify its position. The association has now strongly advised members not to cooperate with the force feeding of a competent prisoner.

Key to its position are two issues: the patient's right to self determination and the doctor's professional autonomy. These should enable a patient to have trust in his or her doctor in all circumstances, it says.

The association quotes the World Medical Association's declarations of Tokyo (1975) and Malta (1991) forbidding force feeding of competent patients and arguing that decisions must be left to doctors "without the intervention of third parties



Volkert van der Graaf, who has been on hunger strike since July

whose primary interest is not the patient's welfare."

The association sees no reason to deviate from these declarations, arguing: "Social and political pressure are not criteria for doctors." □

Medical advances mask epidemic of violence by cutting murder rate

Roger Dobson *Abergavenny*

Murder rates would be up to five times higher than they are but for medical developments over the past 40 years.

According to new research, doctors are saving the lives of thousands of victims of attack who four decades ago would have died and become murder statistics.

Although the study is based on US data, the researchers say the principle applies to other countries too: "There is reason to expect a similar trend overall in Britain," said Dr Anthony Harris, the lead author of the study.

In the research he and a team from Massachusetts Uni-

versity and Harvard Medical School found that technological developments had helped to significantly depress today's murder rates, converting homicides into aggravated assaults.

"Without this technology, we estimate there would be no less than 50 000 and as many as 115 000 homicides annually instead of an actual 15 000 to 20 000," they say in a report of the study in the journal *Homicide Studies* (2002;6:128-66).

The team looked at data going back to 1960 on murder, manslaughter, assault, and other crimes. It merged these data with health statistics and information on county level medical resources and facilities, including trauma centres, population, and geographic size. The researchers then worked out a lethality score based on the ratio of murders to murders and aggravated assaults.

They found that while the murder rate had changed little from a 1931 baseline figure, assaults had increased. The aggravated assault rate was, by 1997, almost 750% higher than the baseline figure.

The team also described the dramatic overall decrease in trauma mortality in the second half of the 20th century.

The period of greatest change came between 1972 and

1977, on the heels of the US involvement in the Vietnam war, which triggered big advances in trauma care.

The team found that at county level significant drops in lethality of assault were linked to availability of high levels of care. The impact of a county simply having a hospital also had a significant impact, reducing lethality ratios by as much as 24% a year.

The researchers also highlight an irony in the life saving achievements of medical technology and doctors. Keeping down the murder rate may, perversely, have influenced the debate on gun control.

"Our lethality findings are strongly consistent with the hypothesis that progress in emergency medical care has converted an ever increasing proportion of homicides into non-lethal assaults and thus, by virtue of good intentions, ironically and unintentionally masked a continuing epidemic of violence in America," says the report.

"Clearly, there is less perceived need to find common cause on gun control if the perception is that severely wounded victims of knives and automatics are routinely 'repaired' and back on the streets in no time." □

